Abstract

Social security is an essential human right. It is a major factor of the elderly persons for a long time. It can be financial security, health security, societal as well as family status with support. Elderly are the senior citizens of the nation leading their lives in a transitional phase. The transition from middle to old age is a period of critical biological and social emotional fabric of the society and consequent changes in the living arrangements have created more problems for the elderly to adjust with the changing conditions in living. Elderly persons are socially insecure and due to this the distribution of all the things are unequal and they are discriminated. Social insecurity of the elderly persons can change their patterns of vulnerability, sources of protection, financial security, health security etc. Present paper mainly divided into four sections. First section deals with the introduction of social security elderly of the persons. Second section describes the social security of the elderly persons in Tripura. Third section identifies the factors which affect the social security of the elderly persons and comes out with policy direction and recommendation towards protecting social security for the elderly persons in Tripura.

1. INTRODUCTION

Social Security is both a concept as well as a system. It represents basically a system of protection of individuals who are in need of such protection by the State as an agent of the society (Report of the working group on Social security, 2001). Social security is a basic
human right. The object of social security is to provide livelihood to those who cannot earn their livelihood by work for chronic or temporary reasons. The older persons need social security as they cannot work and earn due to age. The social security needs of the elderly consist of food, clothing, shelter, health care and emotional support. It may be provided by social assistance or social insurance or a combination of both. The main risk when one reaches old age is poverty or income insecurity owing to the loss of on to earn income, whether partially or completely. This was the main justification for the first pension schemes, which emerged at first only in the highly developed countries but which have since spread across the whole world. (Coverage by social security pensions: Income security in old age, 2010-11). Elderly are the senior citizens of the nation leading their lives in a transitional phase. The transition from middle to old age is a period of critical biological and social emotional fabric of the society and consequent changes in the living arrangements have created more problems for the aged to adjust with the changing conditions in living. India is an agriculture-dominated economy where is dependent on agricultural and allied occupations. The aged (60+) represent about seven to eight percent of the population, most of them living below the poverty line. The aged in the unorganized sector like agriculture workers, casual workers and landless labourers are in economically family responsibilities and unharmonious relations are the major problems needs of the family and their personal requirements they have to work as long as they live. Moreover, the problems become more complicated when their children start neglecting them and elderly people face phycho-social problems coupled with economic and health problems. Population ageing is the most significant emerging demographic phenomenon in the world today. In 1950, the world population aged 60 years and above was 205 million (8.2 per cent of the population) which increased to 606 million (10 per cent of the population) in 2000. Asia has the largest number of world’s elderly (53 %), followed by Europe (25 %). (Balamurugan & Ramathirtham, 2012).The need for social security may be chronic of the persons who are unemployed and who are unemployable because of their age or other disabilities. It may be temporary in the case of others. In the latter case the need for social security arises when a contingency arises such as sickness, accident, maternity loss of employment due to retrenchment or closure of a unit, old age or death of a breadwinner. These occurrences may be normal incidences of life or may be the result of natural or manmade disasters or catastrophes. The social security needs of the elderly consist of food, clothing, shelter, health security and above all psychological or emotional support. All these needs can be met to a large extent if the people have adequate income. Income security is therefore given preeminent position in any system of social security for the elderly. This security may be provided in cash or in kind or both (Subramanya, 2005).

1.1. Social Security of Elderly Persons in Tripura

Social security is a major factor of the elderly persons for a long time. It can change the patterns of vulnerability and sources of protection. Social security can be financial security, health security, societal as well as family support. Old age pension is playing a major role as improving the status of social security of the elderly persons. In Tripura
Government implement several programme and schemes in different plan period for the elderly persons with the help of central government which can humanizing the financial security of the elderly persons and through these they can take care of their health condition and others also. Some of the financial programmes are mentioned below:

- **Indira Gandhi National Old Age Pension (IGNOAPS)**
  
  This scheme has been introduced with a view to provide relief to the older persons whose age is 60 years and above and belong to BPL category. This scheme was started in the State of Tripura from the year 1995. The NOAP is a Central & State Sharing scheme. Central Share Rs. 200/- for 125692 Nos. beneficiaries whose age groups are 60 to 79 yrs.) & other 16363 Nos. beneficiaries age are 80 yrs and above they are getting 700/- per month as (State Share Rs. 200/- and Central Share Rs. 500/-)

- **Old Age Pension Scheme (State):**

  The scheme was introduced to address the pending proposals under IGNOAPS for only BPL card holder. The rate of pension is Rs. 500/- (Rupees five hundred) only per month w.e.f. 01-09-2012 and the whole amount would be paid by the state Govt. only. The age of the applicants should be from 60 years & above older person & BPL Card Holder. Funded fully by the State Government @ Rs. 500/- per head per month.

2. **REVIEW OF LITERATURE**

- **International Social Security Association (2007)** discusses about the new strategies to provide old-age security in low income countries. Some factors are like demographic, social, and economic transformations are responsible for changes in the patterns of vulnerability associated with old-age, and for changes in the sources of protection.

- **Rajan (2006)** stated about the Population Ageing and Health in India. The number of elderly in the developing countries has been growing at a phenomenal rate. With this discussed about the number of proportion of elderly, sex ratio, life expectancy at ages, Marital Status of the Elderly, Living Arrangements among the Elderly and Percentage Distribution of the Elderly by their Living Arrangements with comparison to the census data and also dependency among the Elderly with respect to social, economic, psychological and health related aspects.

- **In India old-age income security is not well developed.** There is one committee for examine the old-age income security and according to committee people should save their percentage of earning at younger ages which was further helping for the old age income security. On the other hand government namely the panchayats should have a decisive role in the provision of old-age income security to the poor elderly (Ahuja, 2003).

- **Health problems of elderly population in Rural Areas** which is considered as the closing period in the life span, as old age is connected with deterioration and changes in bodily functions and the reason for these changes is biological and environmental, socio-economic and cultural in nature. It has been found that nearly 44 percent respondents addicted to tobacco and alcohol but these practices is much among male elderly and it was the reason for several problems (Kumar, 2004)
The Health Problems of elderly person which influenced by a number of factors like mental status, social status and decision making influence aged persons and these all are interrelated. Findings reveals that majority of the elderly, both male and female, are unhealthy. More health problems were reported by women compared to men (Balamurugan et al 2012).

Podder (2008) mentions about the four stages of life and one of them is vanaprastha thus indicated old age- winding down social obligations. One of the vital problems of old age is loneliness. It feels unloved, unwanted and socially inadequate and they not feel the part of society. In historical period the kings are also having a problem of loneliness at the time of old age. He also studied in old age home and found that maximum aged are homeless and possess no source of income and also aged are forced by their sons and daughter-in-law to choose the home.

All the joint families become nuclear family and the situation of elders becomes quite precarious or termed as ‘Empty Nest Syndrome’ but in case of Kokborok speaking people it was not changed that much. Elderly person has the attention and care by their family members. In case of decision making their role was important and indispensable and they never sit idle rather they are engaged with different works in that period also (Debbarma, 2008).

3. NEED/IMPORTANCE OF THE STUDY

There is no such kind of study related to social security for the elderly persons in rural Tripura. Some researcher tries to find out a particular problems of the elderly person like health problems, but none of them reveals about overall security of the elderly persons and what are the problems are behind this, what kind of social security facility they already have and also what are the factors are responsible for social insecurity of the elderly person.

4. OBJECTIVES OF THE STUDY

I. To know the socioeconomic status of the elderly persons
II. To identify the financial security of the elderly persons
III. To find out the health security of the elderly persons
IV. To assess the participation of elderly person in family and societal activities

5. RESEARCH METHODOLOGY

Sampling: For this study three gram panchayats were selected purposively under three blocks and the blocks are Mandai, Mohanpur and Dukli and the panchayats are respectively Chargaria, kamalghat and Belabor panchayat in west Tripura and 105 household surveys has been completed. Then the required data were collected randomly from the villages. The secondary data were collected from books, journals, literature review & different websites. List of elderly persons were collected from selected gram panchayat. The secondary data which are already available & this were drawn from the
documented official records which are already created by GP and block officials & members. The primary data were collected using interview schedules, focus group discussions (FGDs), observation method and other participatory approaches involving GP members, and GP level officials, etc. The data collected were coded, tabulated and converted into meaningful tables. Simple tables using absolute numbers, percentages, and average techniques were formulated and analyzed in a descriptive way. Graphs were also used extensively in order to make comparisons much more visible and simple.

6. RESULT AND DISCUSSION

A. Socio-economic condition of the elderly persons
Out of 100 percent of the elderly persons 52.38 percent elderly was in the category of 60-70 years of age group while fewer people belonged to 80-90 years of age group in different villages and the male elderly (7.14 %) people outnumbered the female (42.85 %) elderly in villages. The number of illiterate elderly is high in all the villages. It was this group which is most ill-equipped to earn for livelihood except for doing unskilled/semi-skilled jobs. In all the panchayats, the occupations of the elderly were daily labourer, NREGA worker, Farmer, small business and some of them were dependent on their pension only and it may be old age pension and service pension. Elderly person have a different income sources and one of them is local wine business (14.81%) and managing by women in Mandai block. 74.29 percent elderly belongs to BPL category and old age pension facility only provided to those who belonged from BPL category whereas 2.86 percent were from Annapurna. 34.28 percent elderly person has the rights of owner of the house. Only 34.29 percent elderly were dwelling with their son and daughter in law whereas 36.19 percent elderly were dwelling with their husband.

B. Economic status of the elderly person
82.86 percent elderly person got the pension but small amount of pension was not sufficient for fulfilling their needs. Though they get the pension for their expenditure only but 49.42 percent elderly person cannot use the pension fully rather they help their children through give the money to them for completing their family needs. While only 22.85 percent elderly persons were agreed that their children helped them financially but rests were not.

C. Health status of the elderly person
Healthy ageing is a major concern in old age for all classes of people it may rural or urban. Without good health, the surviving years in the last stage of the life cycle could end up as a burden to the person himself, his family and also society. But during data collection it has been found that nobody have the health insurance and due to this they faced a several problem. Here basically try to find out a several health problems which were faced by elderly person in ageing period. Only 21.90 percent elderly person visiting the doctor for monthly check-up but the percentage of female was very less i.e. 15.55 percent. The following graph basically finds out the issues of elderly and having a various kind of problem for that.
Maximum percentages of population were unhealthy (64.76 %) and for that moving from one place to another place was a big problem. It may be the reason of loss of appetite because 65.71 percent elderly person agreed that they faced the problem of loss of appetite.

### Table 1: Different kind of health problems

<table>
<thead>
<tr>
<th>Problems</th>
<th>Yes</th>
<th>No</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Eye sight</td>
<td>61</td>
<td>42</td>
<td>105</td>
</tr>
<tr>
<td>Hearing</td>
<td>52</td>
<td>53</td>
<td>105</td>
</tr>
<tr>
<td>Hypertension</td>
<td>77</td>
<td>28</td>
<td>105</td>
</tr>
<tr>
<td>Insomnia</td>
<td>69</td>
<td>36</td>
<td>105</td>
</tr>
<tr>
<td>Respiratory tract</td>
<td>47</td>
<td>58</td>
<td>105</td>
</tr>
<tr>
<td>Skin disease</td>
<td>45</td>
<td>60</td>
<td>105</td>
</tr>
<tr>
<td>Heart burn</td>
<td>7</td>
<td>58</td>
<td>105</td>
</tr>
<tr>
<td>Cataract</td>
<td>7</td>
<td>98</td>
<td>105</td>
</tr>
<tr>
<td>Operation</td>
<td>5</td>
<td>100</td>
<td>105</td>
</tr>
<tr>
<td>Kidney</td>
<td>2</td>
<td>103</td>
<td>105</td>
</tr>
</tbody>
</table>

Source: Field survey, 2015
• Maximum elderly person facing an eye sight problem i.e. 58.09 percent. Interestingly it has been observed that 42.86 percent of aged facing a skin disease problem and maximum were from schedule tribe category.

<table>
<thead>
<tr>
<th>Reason behind the bad health condition</th>
<th>Yes</th>
<th>No</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aged</td>
<td>60</td>
<td>45</td>
<td>105</td>
</tr>
<tr>
<td>Lack of healthy food</td>
<td>51</td>
<td>54</td>
<td>105</td>
</tr>
<tr>
<td>Lack of care taker</td>
<td>33</td>
<td>72</td>
<td>105</td>
</tr>
<tr>
<td>Lack of money</td>
<td>41</td>
<td>64</td>
<td>105</td>
</tr>
<tr>
<td>Unhygienic</td>
<td>67</td>
<td>38</td>
<td>105</td>
</tr>
<tr>
<td>Lack of awareness</td>
<td>59</td>
<td>46</td>
<td>105</td>
</tr>
<tr>
<td>Lack of available health facility in the area</td>
<td>50</td>
<td>55</td>
<td>105</td>
</tr>
</tbody>
</table>

Source: Field survey, 2015

• 57.14 percent think that aged is the only reason for bad health and 47.62 percent of elderly person said that health facility was not available and also 48.57 people said that they don’t effort the healthy food and it was the reason for bad health condition.

D. Condition in family and society

At the time of old age period the elderly person needed a care, support as well as attention and through following table the picture will cleared that how much and what kind support they have from family and society. After survey it has been cleared that maximum percentage of elderly (54.29 %) used a separate room and the percentage of male female was more or less same. Maximum elderly used to have meals two times (71.43 %) while only 20.95 percent elderly agreed that that they took the meal three times.

Graph 2 :Involvement in decision taking of the family

Source: Field survey, 2015
Graph 2 says that only 35.23 percent elderly male, female have the part of decision making and rests were not taking any kind of decision. Apart from this, 78.09 percent agreed that they have available electric equipments like light and fan in their room but rests does not have any facility. Maximum number of elderly persons visiting the temple and the percentage of female was more (64.44 %) compare to male. Only 28.33 percent male members were engaged with several committees and it was common in tribal society.

<table>
<thead>
<tr>
<th>Particular</th>
<th>Yes</th>
<th>No</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Respect from peer group</td>
<td>44 (41.90)</td>
<td>61 (58.09)</td>
<td>105 (100)</td>
</tr>
<tr>
<td>Respect from young adults</td>
<td>26 (24.76)</td>
<td>79 (75.24)</td>
<td>105 (100)</td>
</tr>
<tr>
<td>Responsibility of society</td>
<td>17 (16.19)</td>
<td>88 (83.80)</td>
<td>105 (100)</td>
</tr>
<tr>
<td>Decision taker</td>
<td>30 (28.57)</td>
<td>75 (71.43)</td>
<td>105 (100)</td>
</tr>
<tr>
<td>Involvement in different societal phenomena</td>
<td>33 (31.43)</td>
<td>72 (68.57)</td>
<td>105 (100)</td>
</tr>
</tbody>
</table>

Source: Field survey, 2015

51.43 percent aged agreed that the before attaining 60 years they had more social support in comparison to present situation but this was more in tribal society. Only 24.76 percent elderly person agreed that young adults were respecting them.

7. RECOMMENDATION

- **Financial security**: Old age pension benefit should be extended to all rural poor households not only for selective and BPL households and if possible increase the amount of the pension because the pension is not sufficient for fulfilling the needs of the elderly person. On the other way panchayat should coming forward and give the responsibility to the elderly for monitoring the various communities work?

- **Health security**: In every district should open a hospital with a special Geriatric ward for the elderly person. Special OPD services for senior citizens in each hospital. In order to improve the health status of the elderly population, it is important to engagement with the different kind NGOs and arranging several awareness campaigns for free check-up.

- **Family and societal support**: People’s attitude towards silvers should be changed. People should respect them as one of the important person of family as well as society like our parents and close relatives. If possible family members of the elderly persons may be also given counselling about the ways of ‘how to deal’ with the elderly person.

- At the time of old age period elderly person need a care, support as well as attention but when they are staying in separate room then they don’t have a sufficient attention. So if
possible their room should attached with the main rooms of the house. While during survey it has been cleared that they don’t want to stay alone in the room. Maximum wants to stay with their granddaughter and grandson.

- In every school moral education should be introduced for minimizing the problems of elderly persons because modern education cannot make a child a human being, they grow into automatons for earning money not respect the elders.

8. CONCLUSIONS

The elderly person (60+) represents 8.58 percent of the total population and most of them are below the poverty line. Family and societal support are two important things for the elderly persons. At the old age period they need more attention and care. But due to insufficient care and attention they feel insecure and mentally disturbed. The findings of this study are enlighten the present status of the elderly persons, financial security of the elderly persons, health security of the elderly persons and perception of elderly person regarding societal and family support. Finally, the results of the study explain the requirement of the government to formulate policies that concentrate on these problems.

9. LIMITATIONS

i. Proper index was not used for measuring the perception of societal and family support of the elderly person.
ii. Lack of time for data collection.
iii. Lack of study related to Tripura.

10. SCOPE FOR THE FURTHER RESEARCH

i. In depth study can be done for find out the factors of social insecurity among the elderly persons.
ii. The study can be done for other districts of the state using assessment tool (index).

11. REFERENCES


